Kansas Department on Aging

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
N023009				B. WING		06/13/2012			
RRANDON WOODS AT ALVAMAR			1501 INVEF	ADDRESS, CITY, STATE, ZIP CODE IVERNESS DR INCE, KS 66047					
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC ⁾ REGULATORY OR L		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLE DATE				
S 000	INITIAL COMMENTS			S 000					
	The following citations represent the findings the Health Resurvey and investigations of complaint numbers #57237 and #56930 in the above named facility.								
	A revised copy of the deficiencies was sent to the facility on 6/14/12.								
S5380 SS=E	pgpg			S5380					
	(i) Plumbing and piping systems.								
	(1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: The facility had a census of 123 residents. Based on observation and interview, the facility failed to ensure that backflow prevention devices or vacuum breakers were installed on 3 whirlpools to which hoses or tubing were attached.								
	Findings included:								
	environmental tour re prevention devices ha whirlpool tub in the so room, and the north s	ad been installed on the outh spa room, the Arbo	e or spa						
	5.1 5.5.12 at 2.55 1 W	,amtonanoo otan Ni	`						

TITLE (X6) DATE

PRINTED: 06/15/2012 FORM APPROVED

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		N023009		B. WING		06/	13/2012		
NAME OF PR	OVIDER OR SUPPLIER	1102000	STREET ADD	ADDRESS, CITY, STATE, ZIP CODE					
BRANDON WOODS AT ALVAMAR			1501 INVERNESS DR LAWRENCE, KS 66047						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
S5380	Continued From page 1			S5380					
	verified the backflow prevention devices were not in place on the whirlpools.								
	The facility failed to install backflow prevention devices on all fixtures with hoses.								